tiveness ratios for stage 5 without and with CPEs were Rp7,870,936.19 and Rp7,137,874.93, respectively. ICERs was Rp1,486,786.41 for CKD stage 4 and Rp234,898.33 for CKD stage 5. **CONCLUSIONS:** Treatment of CKD stage 4 and 5 with CPE was more effective and cost-effective compared to those without CPE. The ICERs indicated that extra costs were required to increase life saved in both stages.

URINARY/KIDNEY DISORDERS - Patient-Reported Outcomes & Patient Preference Studies

PUK6

COMPARISON OF QUALITY OF LIFE BETWEEN HEMODIALYSIS AND PERITONEAL DIALYSIS PATIENTS IN A TERTIARY HOSPITAL IN CHINA

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OBJECTIVES: To compare health-related quality-of-life (HRQoL) in patients on hemodialysis (HD) and continuous ambulatory peritoneal dialysis (CAPD) in a tertiary hospital in China. **METHODS:** From September 2004 to January 2005, adult patients on HD or CAPD for at least 6 months were recruited with clinical and HRQoL data collected by medical records review and patient survey. Patients' HRQoL was assessed by KDQOL-SF including SF-36 as the generic and 11 disease-specific domains with higher scores indicating better HRQoL. **RESULTS:** Eighty-six patients [50 on CAPD and 36 on standard HD (3x4-hour weekly)] were included for the analysis, with 55% male and a mean age of 57.7±15.6 years. No differences were found in age, sex, education, payment method, income, originating disease, haemoglobin level, and dialysis time between HD and CAPD. CAPD patients had a higher score (SD) compared to HD patients for Effects of Kidney Disease (EKD: 55.1(15.8) vs. 40.8(10.2), p< .0001), Symptom/Problem List (SPL: 67.8(12.6) vs. 59.5(7.7), p= 0.0005), Quality of Social Interaction (QSI: 65.0(13.9) vs. 58.1(9.1), p= 0.006) and Patient Satisfaction (PS: 70.0(12.1) vs. 60.7(13.3), p=0.001). CAPD group vs. HD also had higher scores on Body Pain (BP: 60.2(14.2) vs. 45.4(18.1), p= 0.0003), General Health (GH: 33.6 (15.1) vs. 26.7(11.7), p=0.03), Role-Emotional (RE: 61.4(25.5) vs. 41.7(33.2), p=0.002) and Mental Health (MH: 67.3(14.0) vs. 55.3(19.4), p= 0.002) from SF-36 assessment. Controlling for key factors/covariates, CAPD patients still showed better scores comparing to HD patients in EKD, SPL, PS, BP, RE and MH. Older age, lower haemoglobin level and originating disease of hypertension were shown to be associated with lower scores of certain dimensions compared to their counterparts, respectively. **CONCLUSIONS:** CAPD patients showed better HRQoL in EKD, SPL, PS, BP, RE and MH than HD patients in this study population. The findings may help understand HRQoL burden and influential factors among dialysis patients.

RESEARCH POSTER PRESENTATIONS – SESSION II
RESEARCH ON METHODS STUDIES

RESEARCH ON METHODS - Clinical Outcomes Methods

PRM1

WHAT IS THE EVIDENCE ON USING SELECTED TYPES OF SUTURES FOR ABDOMINAL SURGERY – NOVEL APPROACH TO CREATE DYNAMIC TOOL FOR COLLETING AND REVIEWING AVAILABLE DATA

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OBJECTIVES: To obtain availability and assess the quality of existing evidence on effectiveness of poliglecaprone, polydioxanone and polyglactin-910 when used in different abdominal layers suturing. **METHODS:** Studies were identified by means of systematic search in MEDLINE, EMBASE and CENTRAL databases. Supplementary search for ongoing trials was also conducted. All studies published since 2000 and evaluating at least one of the selected interventions, with exception to case reports and cross sectional studies, were regarded as appropriate. Data selection was performed independently by two reviewers. Each study was characterized in detail according to predefined categories. Quality of those trials was assessed using Jadad or NOS scale depending on the type of the study. All information were subsequently exploited to create Dynamic Literature Catalogue – a novel toll for quick and efficient data reviewing. **RESULTS:** Among 119 positions qualified for full text analysis 40 publications met our inclusion criteria. Majority of those studies (n = 30) were designed as RCTs, eight were non-randomized comparative studies, one was conducted in a single arm scheme. Sixteen trials had their center location situated in Asia region. Twenty-six studies were considered as large trials including ≥ 100 patients. Target population comprised mainly adult patients. Main reported outcomes were wound infection or other complications, healing and cosmesis effects and patients satisfaction. All data extracted from publication were included in the Dynamic Literature Catalogue. To make reviewing of all selected information more efficient, we categorized them into several domains distinguished in accordance with PICO scheme. Appropriate filters allowing for quick data selection and analyzing were used in each domain. **CONCLUSIONS:** There is numerous of available evidence on using poliglecaprone, polydioxanone and polyglactin-910 in different abdominal layers suturing. We showed that reviewing and analyzing this data can be simplified and adjusted to different area of interest when Dynamic Literature Catalogue is used.

PRM2

DEVELOPMENT AND VALIDATION OF A HEALTH ECONOMIC MODEL FOR CORTICOSTEROID-INDUCED OSTEOPOROSIS IN POSTMENOPAUSAL WOMEN WITH RHEUMATOID ARTHRITIS IN JAPAN

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OBJECTIVES: Although the WHO fracture risk assessment tool (FRAX™) has been developed, its algorithm is unpublished and not necessarily available for economic evaluations. The purpose of this study was to develop a health economic model for assessing the cost-effectiveness of osteoporosis treatment in postmenopausal women with rheumatoid arthritis, who have received combination therapy including corticosteroids in Japan. **METHODS:** We constructed risk equations for age and bone mineral density (BMD)-specific fracture applying a series of methods proposed by De Laet CE et al (1997) to epidemiological data unique to Japanese. A state transition model with six health states (no fracture, post-vertebral fracture, post-hip fracture, post-vertebral and hip fracture, bedridden, and death) was developed to predict a ten year probability of hip fracture and the ten year probability of a major osteoporoetic fracture. Model validity was verified by comparison of the predicted fracture probabilities by different combination of age (55 to 65 years) and BMD (T-score -1.5 to -2.5) between the developed model and FRAX. **RESULTS:** Individual simulation for 1,000 women aged 55, 60 and 65 years resulted in the expected life years of 31.3 to 32.3, 27.1 to 27.9 and 22.9 to 23.6, respectively, about the same as in national life table in Japan. The predicted probability of hip fracture in women with T-score -1.5, -2.0 and -2.5 were ranged to 0.8 to 1.4%, 1.4 to 2.5% and 2.9 to 5.1%, respectively, and consistent with those of FRAX as follows: 0.8 to 1.9%, 1.5 to 3.1% and 2.8 to 5.2%, respectively. As expected, our model had the tendency to slightly underestimate the probability of a major fracture because the model did not consider an occurrence of humerus fracture and wrist fracture. **CONCLUSIONS:** The model newly developed was validated and helpful for determining the cost-effective treatment thresholds for corticosteroid-induced osteoporosis in postmenopausal women with rheumatoid arthritis.

RESEARCH ON METHODS - Cost Methods

PRM3

STANDARD COST LIST FOR ECONOMIC EVALUATION IN THAILAND

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OBJECTIVES: To develop standard unit costs of medical services provided by different health facilities, cost of patients coming for treatments, and reference values used in the economic evaluation. **METHODS:** The project was conducted as a number of sub-projects. Analysis of unit cost of medical services was conducted in 5 hospitals employing the relative value unit method. Cost of health center services was calculated in 19 health centers employing standard costing and micro-costing methods. Cost of pharmaceutical services was analysed in 11 hospitals. Logistics cost of vaccines under the national vaccination program covered the supply chain from the central supplier to provincial health offices. Cost of patients coming to have treatments was collected by interviewing 900 patients from 6 health centers, 3 district hospitals and 3 provincial/regional hospitals. Reference values were obtained from documentary research. **RESULTS:** The results were published in a book, and can be accessed via the Health Intervention and Technology Assessment (HITAP) website (http://db.hitap.net/). They are composed of 3091 items of hospital medical services in two categories of hospitals: district and provincial/regional hospitals. Services of hospital pharmacy departments, and health services provided by health centers, include 9 and 68 items, respectively. Logistics cost of vaccines is presented as cost per dose of the vaccine supplied. Cost of patients is composed of distance, time, transportation cost and meal cost. Reference values are useful years of capital assets (i.e. buildings, vehicles, furniture and equipment), minimum wage, and gross domestic product per capita. **CONCLUSIONS:** This standard cost menu and reference values should make economic evaluations faster and more convenient. This is the first standard cost menu to be developed for Thailand. Some limitations exist, which will be improved upon in the next revision.

PRM4

QALY AND PRODUCTIVITY LOSS: EMPIRICAL EVIDENCE FOR "DOUBLE COUNTING"

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OBJECTIVES: Some insist that productivity loss should not be included in costs when using quality-adjusted life year (QALY) because QALY also reflects the influence of work loss and thus results in "double counting." "Double counting" of QALY and productivity loss is a controversial issue, particularly given the lack of empirical data addressing the influence of income reduction on utility scores. **METHODS:** In this study, we performed a web-based, large-sample survey to address the issue of double counting. To determine the influence of income reduction on utility scores, we obtained utility scores of eight health states with three instruction types: a) no instruction; b) instructed to consider income reduction; and c) instructed not to consider income reduction (compensated). Respondents were randomly sampled from the on-line panel adjusted by age and sex. They were asked to evaluate one of 24 patterns by both standard gamble (SG) and time trade-off (TTO) methods. **RESULTS:** A total of 6551 respondents completed the questionnaire. Respondent demographics were similar to the Japanese general population. First, despite the lack of instruction on income reduction, many respondents spontaneously assumed lost income. The proportion tended to be higher when considering more severe health states. Second, the degree of assumed income reduction was related to utility scores. For a 10% income reduction, respondents assumed a 0.02 to 0.04 decrease in utility score (both SG and TTO methods). Third, utility scores did not change significantly, even when the decrease in income was compensated. In